dispensaries have been clubbed together and were put in one zone/ Group. While appointing the rganized chemists, the following criteria were taken into account by the CGHS:—

1. Approachable distance from the dispensary to chemist shop.
2. No pending complaints against the chemist.
3. Availability of proper stock of medicines with the chemist.
4. Sound financial back-up of the chemists.
5. Maximum discount offered by the chemist as per terms and conditions under the rules.

(b) No, Sir. No inconvenience is caused to the beneficiaries under the existing system as the local chemist delivers the medicines in the dispensary against the local purchase indent. However, the beneficiaries may approach the chemist directly either in case of collecting the medicines against the authority slip during emergency or to get the reimbursement of the medicines purchased by the beneficiaries in respect of medicines which arc not available with the chemist.

(c) In view of (a) and (b) above, the question does not arise.

Adverse male-female ratio

822. SHRI K.M. SAIFULLAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(b) whether keeping in view the adverse male-female ratio revealed by recent Census, Government have decided to Jake stringent measures to check female foeticide in the country;

(c) the details of the proposed measures in this regard;

(d) the names of States where female foeticide has taken dangerous proportions; and

(e) when the amendments to Pre-Natal Diagnostic Technique Act is likely to be enacted to check female foeticide?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The provisional figures of Census 2001 reveal that the sex ratio in the country is 933 females per 1000 males in 2001 as compared to 927

females per 1000 males in 1991. The Census 2001, however, reveals that the situation has worsened in respect of child population in the age group 0.6. The sex ratio in this group has declined from 945 in 1991 to 927 in 2001.

In order to curtail and eliminate the sex selective foeticide, the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 banning disclosure of sex of foetus is in operation since 1st January 1996, in all States and Uts except J&K. The responsibility for implementation of the Act rests largely with the States/Union Territories.

In addition to national level publicity in print and electronic media against the evil of sex determination of foetus and about the provisions of the Act, the States/Uts have been advised to mount an effective awareness compaign to make the public and service providers aware of the provisions of the Act. The States/Uts have also been advised to provide protection to social activists and Non-Governmental Organizations giving information or filing complaints of violation of provisions of the Act.

Workshops/Seminars are being rganized at State/District level, to create awareness about the provisions of the Act. Voluntary Organisations are also being involved to carry out projects regarding creating awareness about the provisions of the Act.

National Level Non-Governmental Organisations have been requested to take on projects for generating awareness about the provisions of the Act, among doctors/clinics/law enforcing authorities and public at large.

A meeting of the Appropriate Authorities of States/Uts under the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was held on 30th June, 2001 in New Delhi for sensitizing them to take effective steps for enforcement of the law and for creating awareness at the grass root level.

© The National Crime Record Bureau (NCRB) collects the data on foeticide at present. Therefore, no data on female foeticide is available. However the Census 2001, reveals that the situation

regarding male-female sex ratio is worse in respect of child population in the age group 0-6, particularly in the regions of Punjab (793), Haryana (820), Chandigarh (845), Delhi (865), Gujarat (878) and Himachal Pradesh (897).

(f) A set of amendments are being currently examined by the Central Supervisory Board in view of new emerging technologies in the field and for effective enforcement of the PNDT Act 1994.

National level conference on eradication of female foeticide

† 823. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any national level conference regarding eradication of female foeticide has been organized by Indian Medical Association, UNICEF and National Commission for Women in New Delhi during June, 2001;

(b) if so, the details of issues discussed in this national level conference alongwith the final outcome thereof;

(c) the effective steps taken, so far, by Government to implement the decisions taken in the said national conference; and

(d) if not, the reasons therefor and Government's reaction in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir. Indian Medical Association in collaboration with UNICEF and National Commission for Women convened a religious leaders' meet on 24th June, 2001, at New Delhi to seek consensus towards an effective strategy for elimination of female foeticide/infanticide.

(b) to (d) The aim of the meet was to reach a consensus amongst leaders of various religions seeking common call from all of them condemning female foeticide. In the meeting all religious leaders out-rightly condemned the practice of female foeticide and gave a call to the citizens of India for shunning this inhuman practice.

---

† Original notice of the Question was received in Hindi.